

ATTACHMENT 4
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
- B. All required attachments are included with this certification sheet.
- C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name HCI Environmental & Engineering Svc	2. Telephone Number (951) 280-0298	2a. Fax Number (951) 280-0118
2b. Email Address greg@hcienv.com		
3. Address 114 Business Center Drive, Corona, CA 92880		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) 88-0463772	8. California Corporation No. 615471	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number 1000004254		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number 788216: A, C-21, HAZ, ASB	11. PUC License Number CAL-T-	
12. Bidder's Name (Print) Gregory J. Parker	13. Title President	
14. Signature	15. Date 10.27.16	
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:		
a. Small Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: 22207		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below:		

NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".

Date application was submitted to OSDS, if an application is pending: _____

17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?
Yes ☐ No ☒

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.



STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): HCI Environmental & Engineering Service						
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)	
1	3,800	Per Hour	One (1) Supervisor and two (2) Laborers, one (1) operated 15-foot Cargo dump bed truck with tarpaulin cover as identified in Exhibit A, Scope of Work	\$385.00	\$ 1,463,000.00	
2	40	Per Hour	Additional truck: one (1) operated 15-foot Cargo dump bed truck with tarpaulin cover as identified in Exhibit A, Scope of Work	\$ 175.00	\$ 7,000.00	
3	40	Per Hour	Additional Laborer	\$ 75.00	\$ 3,000.00	
4	Reimbursement Disposal Fee: Contractor will be reimbursed for the cost of disposal of the debris at actual cost to the Contractor with no additional markup. The original invoice and dump site disposal receipt form the disposal facility shall be submitted to the Caltrans Contract Manager or designee, for reimbursement on a monthly basis.					\$17,900.00 (Add this amount to the total below)
(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.						
(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.					TOTAL THIS PROPOSAL \$ 1,490,900.00	



ATTACHMENT 2

State of California—Department of General Services, Procurement Division
GSPD-05-105 (REV 08/09)

BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a. Identify current California certification(s) (MB, SB, NVSA, DVBE): SB ☐ or None ☐ (If "None," go to Item #2)
- b. Will subcontractors be used for this contract? Yes ☒ No ☐ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

- c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes ☐ No ☐
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes ☐ No ☐ N/A ☐

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
Environmental Waste Disposal Thomas Abercrombie (949) 466-8857 Phone (949) 242-2479 Fax	19782 MacArthur Blvd. #250, Irvine, CA 92612 ewastedisposal@gmail.com	DVBE 46015	Lead Supervisor	3%	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

ATTACHMENT 6

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION
DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: ENVISTE DISPOSAL INC DVBE Reference Number: 46015
Description (materials/supplies/services/equipment proposed): HAZARDOUS WASTE REPAIR DISPOSAL
Solicitation/Contract Number: IFB #07A4128 SCPRS Reference Number: _____
(FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

- ☒ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete section 3 below if renting equipment.
- ☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

THOMAS M. ABSORROMBIE [Signature] 10/29/2016
(Printed Name of DV Owner/Manager) (Signature of DV Owner/Manager) (Date Signed)

(Printed Name of DV Owner/Manager) (Signature of DV Owner/Manager) (Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent:
(If more than one firm, list on extra sheets.)

Firm/Principal Phone: 949 466 8857 Address: 19782 MACARTHUR BLVD #250 IRVINE, CA 92612
(Print or Type Name)

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

- ☐ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. Seq.
- ☐ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

(Printed Name) (Signature) (Date Signed)

(Address of Owner) (Telephone) (Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Manager) (Signature of DV Manager) (Date Signed)



*"Securing a Green
and Clean Environment"*

October 31, 2016

Greg Parker
HCI Environmental & Engineering Service
114 Business Center Drive
Corona, CA 92880
951.280.0298 Office
951.280.0118 Fax
greg@hcienv.com

**Re: IFB Number: 07A4128
Hazardous Waste Agreement**

Dear Mr. Parker:

Thank you for the opportunity to quote on the above-mentioned Invitation for Bid. All work will be performed per local, state and federal regulations where applicable. Labor hour's are based on prevailing wage rates.

Labor:

Lead Technician/Supervisor (Based on 745.45 Hours)	\$60/hr	\$44,727.00
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eWaste is available for additional hour's in the event we you find it necessary for the project.

Again, thank you for allowing us to quote you on this project.

Sincerely,
eWaste Disposal, Inc.

A handwritten signature in black ink, appearing to read "Thomas M. Abercrombie", written over a horizontal line.

Thomas M. Abercrombie
President
949.466.8857 Cell

TERMS and CONDITIONS

Quotes and estimates are based on customer supplied information and are subject to change based on actual requirements and usage.

Payment: All payment for services provided hereunder shall be due thirty (30) days of the date of the invoice, customer will pay a service charge on all past due amounts accruing from the date of the invoice at a rate of 18% per annum, or if less, the maximum allowed by law.

AUTHORIZATION TO PROCEED

A signature by an authorized representative of your company (CUSTOMER) constitutes an authorization to proceed with the scope of work in accordance with the price quotations and terms and conditions set forth in this document. This authorization shall constitute a valid and binding agreement of the CUSTOMER.

This sheet must be returned with attached CUSTOMER WORKSHEET information before work is scheduled. Please fax authorization to 949-242-2479 and send an original via US Mail.

Customer acknowledgement and acceptance

Signature

Date

Printed name

PO #

Title

Company